

POSITION	ID NO.	DATE
CLASSIFIER	45	9-25-96
EXAMINER	333	10-10-96
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
11	1 4 12
24	28 29 11
O	97 03 00 00
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓
3	
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5	
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9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
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16	19 ✓ ✓
17	20 ✓ ✓
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19	23 ✓ ✓
20	24 ✓ ✓
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Indemnity
A	Appeal
O	Objected

Claim	Date
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(LEFT INSIDE)